

Department of Veterans Affairs

§ 17.230

	Non-Convertible Domiciliary (DOM)	Convertible DOM/Nursing Home
Employee lounge	120 (maximum 500 per facility).	120.
Employee toilets	25 (per fixture)	25 (per fixture).
Chapel	450	450.
Physical therapy	2.5 (per bed)	5 (per bed).
Office if required	120	120.
Occupational therapy	5 (per bed)	5 (per bed).
Office if required	120	120.
Library	1.5 (per bed)	1.5 (per bed).
Building maintenance storage	2.5 (per bed)	2.5 (per bed).
Resident storage	6 (per bed)	6 (per bed).
General warehouse storage	6 (per bed)	6 (per bed).
Medical/dietary	7 (per bed)	7 (per bed).
General laundry	(As required)	(As required).
II. Bed units (50 Beds):		
One	150	150.
Two	230	245.
Large two-bed (2 per unit)	0	305.
Three	340	370.
Four	450	460.
Lounge areas (resident lounge with storage)	8 (per bed)	8 (per bed).
Resident quiet room	3 (per bed)	3 (per bed).
Clean utility	120	120.
Soiled utility	105	105.
Linen storage	90	150.
General storage	100	100.
Nurses station, ward secretary	0	260.
Medication room	0	75.
Waiting area	50	50.
Unit supply and equipment	50	50.
Staff toilet	25 (per fixture)	25 (per fixture).
Stretcher/wheelchair storage	75	100.
Kitchenette	150	120.
Janitor's closet	40	40.
Resident laundry	125	125.
Trash collection	60	60.
III. Bathing and Toilet Facilities: ¹		
(A) Private or shared facilities:		
Wheelchair facilities	25 (per fixture)	25 (per fixture).
Standard facilities	15 (per fixture)	15 (per fixture).
(B) Full bathroom	75	75.
(C) Congregate bathing facilities:		
First tub/shower	80	80.
Each additional fixture	25	25.

¹ Bathing and toilet facilities must comply with the Uniform Federal Accessibility Standards.

[56 FR 20359, May 3, 1991. Redesignated at 61 FR 21966, May 13, 1996]

SHARING OF MEDICAL FACILITIES,
EQUIPMENT, AND INFORMATION

**§ 17.230 Contingency backup to the
Department of Defense.**

(a) *Priority care to active duty personnel.* The Secretary, during and/or immediately following a period of war or national emergency declared by the Congress or the President that involves the use of United States Armed Forces in armed conflict, is authorized to furnish hospital care, nursing home care, and medical services to members of the Armed Forces on active duty. The Secretary may give higher priority in the

furnishing of such care and services in VA facilities to members of the Armed Forces on active duty than to any other group of persons eligible for such care and services with the exception of veterans with service-connected disabilities.

(Authority: 38 U.S.C. 8111A, Pub. L. 97-174)

(b) *Contract authority.* During a period in which the Secretary is authorized to furnish care and services to members of the Armed Forces under paragraph (a) of this section, the Secretary, to the extent authorized by the President and subject to the availability of appropriations or reimbursements, may authorize VA facilities to enter into contracts with private facilities for the

provision during such period of hospital care and medical services for certain veterans. These veterans include only those who are receiving hospital care under 38 U.S.C. 1710 or, in emergencies, for those who are eligible for treatment under that section, or who are receiving care under 38 U.S.C. 1712 (f) and (g). This authorization pertains only to circumstances in which VA facilities are not capable of furnishing or continuing to furnish the care or services required because of the furnishing of care and services to members of the Armed Forces.

(Authority: 38 U.S.C. 8111A)

(Authority: Sec. 501 and 1720(a) of Title 38, U.S.C.)

[49 FR 5617, Feb. 14, 1984. Redesignated at 61 FR 21966, May 13, 1996]

§ 17.240 Sharing specialized medical resources.

Subject to such terms and conditions as the Under Secretary for Health shall prescribe, agreements may be entered into for sharing medical resources with other hospitals, including State or local, public or private hospitals or other medical installations having hospital facilities or organ banks, blood banks, or similar institutions, or medical schools or clinics in a medical community with geographical limitations determined by the Under Secretary for Health, provided:

(a) The agreement will achieve one of the following purposes: (1) It will secure the use of a specialized medical resource which otherwise might not be feasibly available by providing for the mutual use or exchange of use of specialized medical resources when such an agreement will obviate the need for a similar resource to be installed or provided at a facility operated by the Department of Veterans Affairs, or

(2) It will secure effective use of Department of Veterans Affairs specialized medical resources by providing for the mutual use, or exchange of use, of specialized medical resources in a facility operated by the Department of Veterans Affairs, which have been justified on the basis of veterans' care, but which are not utilized to their maximum effective capacity; and

(b) The agreement is determined to be in the best interest of the prevailing

standards of the Department of Veterans Affairs Medical Program; and

(c) The agreement provides for reciprocal reimbursement based on a charge which covers the full cost of the use of specialized medical resources, incidental hospital care or other needed services, supplies used, and normal depreciation and amortization costs of equipment.

(d) Reimbursement for medical care rendered to an individual who is entitled to hospital or medical services (Medicare) under subchapter XVIII of chapter 7 of title 42 U.S.C., and who has no entitlement to medical care from the Department of Veterans Affairs, will be made to such facility, or if the contract or agreement so provides, to the community health care facility which is party to the agreement, in accordance with:

(1) Rates prescribed by the Secretary of Health and Human Services, after consultation with the Secretary of Veterans Affairs, and

(2) Procedures jointly prescribed by the Secretary of Health and Human Services and the Secretary of Veterans Affairs to assure reasonable quality of care and service and efficient and economical utilization of resources.

(Authority: 38 U.S.C. 8153)

[32 FR 6841, May 4, 1967, as amended at 35 FR 18198, Nov. 28, 1970; 39 FR 1846, Jan. 15, 1974; 45 FR 6940, Jan. 31, 1980; 47 FR 58250, Dec. 30, 1982; 54 FR 34983, Aug. 23, 1989. Redesignated at 61 FR 21966, May 13, 1996, as amended at 62 FR 17072, Apr. 9, 1997]

§ 17.241 Sharing medical information services.

(a) *Agreements for exchange of information.* Subject to such terms and conditions as the Under Secretary for Health shall prescribe, Directors of Department of Veterans Affairs medical centers, may enter into agreements with medical schools, Federal, State or local, public or private hospitals, research centers, and individual members of the medical profession, under which medical information and techniques will be freely exchanged and the medical information services of all parties to the agreement will be available for use by any party to the agreement under conditions specified in the agreement.